Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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e ir	nformation concern	ing the don	or and

### DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

STATE TRAINING SCHOOL		- 10
Name of Department or Office 3211 EDGINGTON AVENUE	ELDORA, IA 50627	20
Mailing Address 611-859-5402	City, State, Zip Code	မ္မ
Area Code & Telephone No.		N
CONTACT PERSON FOR RECIPIENT DEPAR	RTMENT OR OFFICE:	

Kristin Hagedon	
Name	
Mailing Address (if different from above) khagedo@dhs.state.ia.us	Cily, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT OR BEQUEST:

Sutherland American Legion Aux. Unit 152  Name		
c/o Marjorie Baldwin, 105 W Hwy C16 Larrabee, IA 51029-7034		
Mailing Address City, State, Zip Code	9/20/12	\$25.00
Area Code & Telephone Number	Date of Gift or Bequest	Amount/Value*
Email Address (optional)	"value is defined as "fair market receiving department or office,	value" of Ilem as delermined b If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

cash donation to be used towards student religious activities fund

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

#### Statement of Affirmation:

٠,	Kristin Hagedon	affirm that the gift or bequest reported above is accurate	. I further affirm that the information	concerning the donor and
a	ssessment of the fair market y	alue (if applicable) is correct and true to the best of my kr	nowledge.	•

Kristin Hagedon

Sept. 21, 2012

Date

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FORM-GB		
Gift or Bequest information received by a department or accepted by the Governor on behalf of the state		
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this report to the Government Oversight Committee. This form is receipt of the gift or bequest.	s to be filed within 20 days of	Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUI	EST:	IZ SEP
DHS Glenwood Resource Center		<b>2</b> 5
Name of Department or Office	Classical VA CISCA	SCLO A
I have been a second and a second a second and a second a	Glenwood, IA 51534  City, State, Zip Code	A OSUR B: UR
Area Code & Telephone No.		<b>_</b>
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	FICE:	<u> </u>
Name		
Mailing Address (if different from above)	City, State, Zip (if different fi	rom above)
Email Address	Area Code & Telephone Nu	imber (if different from above)
DONOR OF GIFT OR BEQUEST:		
Curtis L. Paulson		
Name		
57012 230th Street Glenwood, IA 51534		
Mailing Address City, State, Zip Code	9/13/2012	\$5.06
Area Code & Telephone Number	Date of Gift or Bequest	Amount/Value*
	*value is defined as "fair mar receiving department or offic	rket value" of item as determined by
Email Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		
Food items purchased for Client use.		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on the	hohalf of the state
	the second by the Governor on t	benail of the state.

### Statement of Affirmation:

affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Kirk	Tuning)	
Signatu	ure	

9/18/2012		7.69
	Date	

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### FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQU	JEST:	201
DHS Glenwood Resource Center		Z SE
Name of Department or Office 711 South Vine Street	Clamand IA 51504	
Mailing Address 712-525-1252	Glenwood, IA 51534 City, State, Zip Code	
Area Code & Telephone No.		<b>≥</b> ∀0
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE:	<u> </u>
		R R R
Name		
Mailing Address (if different from above)	City, State, Zip (if different from ab	
Email Address		•
	Area Code & Telephone Number (	if different from above)
ONOR OF GIFT OR BEQUEST:		
Mrs. Karen Rubey		
Name	-	
205 E. Burlington Fairfield, IA 52556		
Mailing Address City, State, Zip Code	9/16/2012	\$500.00
Area Code & Telephone Number	Date of Gift or Bequest	Amount/Value*
Nea Code & Telephone Number	*value is defined as "fair market val	The second secon
Email Address (optional)	receiving department or office. If no	o value mark "0.00".
Provide a description of the gift or bequest and purpose thereof:		
Assorted clothing and craft items for Client use.		
Criteria to use this form:		
		97 4 9
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of	f the state.
tement of Affirmation:		
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affirm that the gift or bequest reported above essment of the fair market value (if applicable) is correct and true to the	ve is accurate. I further affirm that the informa	tion concerning the donor and
(ii applicable) is collect and true to the	best of my knowledge.	and donor and
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uth Messensul.	9/18/2012	
Signature	7/10/2012	